

State: ALABAMA

AGE

Check all that apply:

- a. _____ Services are provided to individuals age 65 and older.
- b. _____ Services are provided to individuals who have reached at least the following age, greater than 65 (specify): _____
- c. _____ Services are provided to individuals who meet the criteria set forth in item 3.b. of Supplement 2, as set forth in Appendix B-3, who were 65 years of age or older on the date of the waiver's discontinuance.
- d. _____ Services are provided to individuals who meet the criteria set forth in item 3.c. of Supplement 2, as set forth in Appendix B-3, who were served under the waiver on the date of its discontinuance.
- e. _____ Services are provided to individuals who meet the criteria in item 3.d. of Supplement 2, who fall within the following age categories (check all that apply):
1. _____ Age 65 and older
 2. _____ Age greater than 65. Services are limited to those who have attained at least the age of (specify): _____
 3. _____ Age less than 65. Services will be provided to those in the following age category (specify): _____
 4. _____ The State will impose no age limit.

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State: ALABAMA

INDIVIDUALS PREVIOUSLY SERVED UNDER WAIVER AUTHORITY

- a. In accordance with §1929(b)(2)(A) of the Act, the State will discontinue the following home and community-based services waiver(s), approved under the authority of §1915(c) or §1915(d) of the Act. (Specify the waiver numbers):

Waiver Number	Last date of waiver operation
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_____	_____
_____	_____
_____	_____
_____	_____

- b. For each waiver specified in Appendix B-3-a, above, the State will furnish at least 30 days notice of service discontinuance to those individuals under 65 years of age, and to those individuals age 65 or older who do not meet the test of functional disability specified in Appendix B-1 (except those individuals who will continue to receive home and community-based services under a different waiver program).
- c. Individuals age 65 years of age or older, who were eligible for benefits under a waiver specified in Appendix B-3-a on the last date of waiver operation, who would, but for income or resources, be eligible for home and community care under the State plan, shall be deemed functionally disabled elderly individuals for so long as they would have remained eligible for services under the waiver.
- d. The financial eligibility standards which were in effect on the last date of waiver operation are attached to this Appendix.
- e. The following are the schedules, in effect on the last date of waiver operation, under which individuals served under a waiver identified in Appendix B-3-a were reevaluated for financial eligibility (specify):

Waiver Number	Reevaluation schedule
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_____	_____
_____	_____
_____	_____
_____	_____

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State: ALABAMA

DEFINITION OF SERVICES

The State requests that the following services, as described and defined herein, be provided as home and community care services to functionally disabled elderly individuals under this program:

a. Homemaker Services. (Check one.)

 Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities. This service does not include medical care of the client. Hands-on care is limited to such activities as assistance with dressing, uncomplicated feeding, and pushing a wheelchair from one room to another. Direct care furnished to the client is incidental to care of the home. These standards are included in Appendix C-2.

 Other Service Definition: _____

Check one:

1. This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. The State will impose the following limitations on the provision of this service (specify): _____

b. Home Health Aide Services. (Check one.)

 Services defined in 42 CFR 440.70 with the exception that limitations on the amount, duration and scope of such services shall instead be governed by the limitations imposed below.

 Other Service Definition: _____

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State: ALABAMA

DEFINITION OF SERVICES (con't)

Check one:

1. This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. The State will impose the following limitations on the provision of this service (specify):

c. Chore Services. (Check one.)

 Services identified in the ICCP which are needed to maintain the individual's home in a clean, sanitary and safe environment. For purposes of this section, the term "home" means the abode of the individual, whether owned or rented by the client, and does not include the residence of a paid caregiver with whom the client resides (such as a foster care provider), or a small or large community care facility.

Covered elements of this service include heavy household chores such as washing floors, windows and walls, removal of trash, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access inside the home for the recipient, and shoveling snow to provide access and egress.

Chore services will be provided only in cases where neither the client, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer/agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

 Other Service Definition: _____

Check one:

1. This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. The State will impose the following limitations on the provision of this service (specify):

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DEFINITION OF SERVICES (con't)

Provider qualifications are specified in Appendix C-2.

d. **Personal Care Services.** (Check one.)

Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This service includes meal preparation, when required by the individual community care plan (ICCP), but does not include the cost of the meals. When specified in the ICCP, this service also includes such housekeeping chores as bedmaking, cleaning, shopping, or escort services which are appropriate to maintain the health and welfare of the recipient. Providers of personal care services must meet State standards for this service. These standards are included in Appendix C-2.

Other Service Definition: _____

1. Services provided by family members. Check one:

 Payment will not be made for personal care services furnished by a member of the recipient's family or by a person who is legally or financially responsible for that recipient.

Personal care providers may be members of the recipient's family. Payment will not be made for services furnished to a minor by the recipient's parent (or stepparent), or to a recipient by the recipient's spouse. Payment will not be made for services furnished to a recipient by a person who is legally or financially responsible for that recipient.

Check one:

Family members who provide personal care services must meet the same standards as other personal care providers who are unrelated to the recipient. These standards are found in Appendix C-2.

Standards for family members who provide personal care services differ from those for other providers of this service. The standards for personal care services provided by family members are found in Appendix C-2.

2. Personal care providers will be supervised by:

 a registered nurse, licensed to practice nursing in the State

case managers

other (specify):

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DEFINITION OF SERVICES (con't)

3. Minimum frequency or intensity of supervision:
_____ as indicated in the client's ICCP
_____ other (specify): _____
4. Personal care services are limited to those furnished in a recipient's home.
_____ Yes _____ No
5. Limitations (check one):
_____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
_____ The State will impose the following limitations on the provision of this service (specify): _____

e. _____ Nursing Care Services Provided By or Under The Supervision of a Registered Nurse.

_____ Nursing services listed in the ICCP which are within the scope of State law, and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. Standards for the provision of this service are included in Appendix C-2.

_____ Other Service Definition: _____

Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. _____ The State will impose the following limitations on the provision of this service (specify): _____

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DEFINITION OF SERVICES (con't)

f. Respite care. (Check one.)

Services given to individuals unable to care for themselves; provided on a short-term basis because of the absence or need for relief of those persons normally providing the care. FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Other Service Definition:

1. Respite care will be provided in the following location(s):
 - _____ Recipient's home or place of residence
 - _____ Foster home
 - _____ Facility approved by the State which is not a private residence
2. The State will apply the following limits to respite care provided in a facility.
 - _____ Hours per recipient per year
 - _____ Days per recipient per year
 - _____ Respite care will be provided in accordance with the ICCP. There are no set limits on the amount of facility-based respite care which may be utilized by a recipient.
 - _____ Not applicable. The State does not provide facility-based respite care.
3. Respite care will be provided in the following type(s) of facilities.
 - _____ Hospital
 - _____ NF
 - _____ ICF/MR
 - _____ Group home
 - _____ Licensed respite care facility

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DEFINITION OF SERVICES (con't)

Other (specify): _____

Not applicable. The State does not provide facility-based respite care.

4. The State will apply the following limits to respite care provided in a community setting which is not a facility (including respite care provided in the recipient's home).

Hours per recipient per year _____
Days per recipient per year _____

Respite care will be provided in accordance with the ICCP. There are no set limits on the amount of community-based respite care which may be utilized by a recipient.

Not applicable. The State does not provide respite care outside a facility-based setting.

Qualifications of the providers of respite care services are included in Appendix C-2. Applicable Keys amendment (section 1616(e) of the Social Security Act) standards are cited in Appendix F-2.

- g. _____ Training for Family Members in Managing the Individual.
(Check one.)

Training and counseling services for the families of functionally disabled elderly individuals. For purposes of this service, "family" is defined as the persons who live with or provide care to a disabled individual, and may include a spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the functionally disabled individual. Training includes instruction about treatment regimens and use of equipment specified in the ICCP and shall include updates as may be necessary to safely maintain the individual at home. This service is provided for the purpose of increasing the ability of a primary caregiver or a member of the recipient's family to maintain and care for the individual at home. All training for family members must be included in the client's ICCP.

Other Service Definition: _____

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DEFINITION OF SERVICES (con't)

Check one:

1. ☐ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. ☐ The State will impose the following limitations on the provision of this service (specify):

Provider qualifications are specified in Appendix C-2.

h. ☐ Adult Day Care. (Check one.)

☐ Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the client. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

☐ Other Service Definition: _____

Check all that apply:

1. ☐ Physical therapy indicated in the individual's ICCP will be provided by the facility as a component part of this service. The cost of physical therapy will be included in the rate paid to providers of adult day care services.
2. ☐ Occupational therapy indicated in the individual's ICCP will be provided by the facility as a component part of this service. The cost of occupational therapy will be included in the rate paid to providers of adult day care services.
3. ☐ Speech therapy indicated in the individual's ICCP will be provided by the facility as a component part of this service. The cost of speech therapy will be included in the rate paid to providers of adult day care services.

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DEFINITION OF SERVICES (con't)

4. Nursing care furnished by or under the supervision of a registered nurse, and indicated in the individual's ICCP, will be provided by the facility as a component part of this service.
5. Transportation between the recipient's place of residence and the adult day care center will be provided as a component part of this service. The cost of this transportation is included in the rate paid to providers of adult day care services.
6. Other therapeutic activities which will be provided by the facility as component parts of this service. (Specify):

Limitations. Check one:

1. This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. The State will impose the following limitations on the provision of this service (specify):

Qualifications of the providers of this service are found in Appendix C-2.

- i. Services for individuals with chronic mental illness, consisting of (Check all that apply):

1. Day Treatment or other Partial Hospitalization Services. (Check one.)

 Services that are necessary for the diagnosis or active treatment of the individual's mental illness. These services consist of the following elements:

- a. individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law),

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